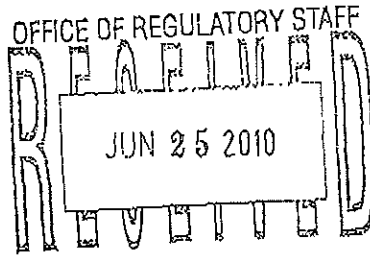


STATE OF SOUTH CAROLINA

Caption of Case)

Example: Application for a Class C Charter Certificate from
John Doe dba Doe's Limo



BEFORE THE
PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET

NUMBER: 2010 - 227 - T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: Georgia Pinkston

Telephone: 803.584.9242

Address: 479 Fairdale Street

Fax: 803.584.2969

Allendale, South Carolina 29810

Other: 803.686.0690

Email: pink98765@bellsouth.net

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

☐ Application - Class A/A Restricted

☐ Request for Name Change on Certificate

☐ Application - Class C Taxi

☐ Request to Amend Scope of Authority

☐ Application - Class C Charter

☐ Request to Amend Tariff (rate increase, etc.)

☐ Application - Class C Charter Bus

☐ Request to Amend Passenger Limit

☒ Application - Class C Non-Emergency

☐ Request

☐ Application - Class C Stretcher Van

RECEIVED

☐ Exhibit

☐ Application - Class E Household Goods

JUN 28 2010

☐ Late-Filed Exhibit

☐ Application - Class E Hazardous Waste

PSC SC
CLERK'S OFFICE

☐ Letter

☐ Application

☐ Proposed Order

☐ Request for Extension to Comply with Order

☐ Publisher's Affidavit

☐ Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded

☐ Reservation Letter

☐ Request for Cancellation of Certificate

☐ Response

☐ Request for Suspension

☐ Return to Petition

☐ Request for Reinstatement

☐ Other: _____

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

100

224562

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

101 Executive Center Drive, Suite 100

Columbia, South Carolina 29210

(Mailing address: Post Office Drawer 11649, Columbia, SC 29211)

RECEIVED

2010.227-T
Posted 6/30/10
@ 10:00am jo

JUN 28 2010

Phone: (803) 896-5100

Fax: (803) 896-5199

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR
OPERATION OF MOTOR VEHICLE CARRIER

CLERK'S OFFICE

RECEIVED

CLASS C - NON-EMERGENCY

Date: June 22, 2010

JUN 25 2010

T.T.W.W.W

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

Georgia Pinkston d/b/a

On The Go Transportation

1397 Main Street N Allendale, South Carolina 29810

Street Address of Applicant

479 Fairdale Street Allendale, South Carolina 29810

Mailing Address of Applicant if different from street address

803.584.9242

Phone

803.584.2969

Fax

pink98765@bellsouth.net

Email Address

2. If incorporated, a copy of Articles of Incorporation must be attached. (If incorporated outside of SC, attach SC Secretary of State "Foreign Corporation" Certificate.)

3. Select Entity Type: (Check one)

☒ Individual Owner/Sole Proprietorship

☐ Partnership - List names and address of all person having an interest in the business.

☐ Corporation - List names and addresses of two principal officers.

Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

BALANCE SHEET

Balance at Time Application is Filed:

Month June Year 2010

Assets:

Cash	10,000.00
Receivables	0
Real Estate	0
Buildings and Equipment (Net)	58,000.00
Motor Vehicles (Net)	3,988.70
Garage Equipment (Net)	0
Machinery and Tools (Net)	0
Supplies on Hand	0
Prepays and Other Assets	0
Total Assets	71,988.70
<u>Liabilities and Equity:</u>	
Accounts Payable	0
Notes Payable	2,988.70
Mortgages Payable	655.00
Equipment Obligations	0
Accrued Salaries and Wages	350.00
Other Accrued Obligations	0
Other Liabilities	0
Total Liabilities	3,993.70
Capital Stock	0
Retained Earnings	0
Total Equity	0
Total Liabilities and Equity	0

PROPOSED RATES AND CHARGES FOR SERVICE

Maximum Proposed Rates and Charges for Service are as follows:

Rates of Broker

See Attached

Counties to be Served:

Allendale, Barnwell, Bamberg, Walterboro, Jasper, Beaufort, Aiken

Maximum Number of Passengers per Vehicle:

6

EXHIBIT B
TO
TRANSPORTATION AGREEMENT
RATES, INVOICING AND PAYMENT TERMS
 entered into by and between
LOGISTICARE SOLUTIONS, LLC ("LGTC")
 and
 (" ")

LGTC and Provider hereby agree to the following terms for invoicing, payment and re-submittal of denied claims.

Rates

Only services specifically pre-authorized by LGTC will be compensated. Pricing for transportation performed by Provider under the Agreement shall be as follows:

Class of Services	0-3 Miles	4-6 Miles	7-10 Miles	11-15 Miles	16-20 Miles	21-25 Miles	26-30 Miles	31-35 Miles	36-40 Miles	41-45 Miles	Over 45 miles
Ambulatory	\$6.00	\$10.00	\$14.00	\$18.00	\$24.00	\$30.00	\$32.00	\$34.00	\$40.00	\$50.00	\$80.00
Wheelchair	\$10.00	\$15.00	\$22.00	\$28.00	\$32.00	\$38.00	\$46.00	\$52.00	\$60.00	\$70.00	\$90.00
Stretcher	\$40.00	\$50.00	\$55.00	\$60.00	\$65.00	\$70.00	\$75.00	\$80.00	\$85.00	\$90.00	\$115.00
BLS	base										

To determine the payment amount LGTC calculates mileage using proprietary and/or third party mapping software. Distances are measured as the shortest distance from the point of pick-up to the point of drop-off and rounded to the nearest whole number. Provider agrees that LGTC's determination of mileage shall be final. If Provider believes there to be a material mileage error, Provider may bring it to LGTC's attention before running the trip. LGTC will review the trip or trips in question and may reference other software to verify the distance. Any correction remains the sole decision of LGTC. If Provider is not satisfied with LGTC's decision regarding the mileage it may reroute the trip. Performance of a trip constitutes acceptance of the mileage provided by LGTC.

Provider must perform transportation at the level of service (livery/taxi, wheelchair, stretcher, and non-emergency ambulance) as requested by LGTC, and must inform LGTC if it believe the level of service requested is incorrect.

Payment Terms

As a condition of payment, Provider must submit accurate invoices, including properly completed trip tickets or vehicle manifests (as described below), to LGTC



DESCRIPTION OF EQUIPMENT

[illegible]

* Designate if equipped with a wheelchair lift by using "HC" (Handicapped.)

INSURANCE QUOTE

This form **MUST BE COMPLETED AND SIGNED** by an **AUTHORIZED INSURANCE COMPANY REPRESENTATIVE**

The following insurance quote is for:

On The Go Transportation

Name of Motor Carrier

1397 Main Street N Allendale South Carolina 29810

Address of Motor Carrier

Amount of Premium:

Liability Insurance \$ 4,295

The above quoted premium is for a term of 12 months

Minimum Limits - Bodily injury and property damage limits will not be less than the following:

		Limits Quoted
Liability Combined Each Occurrence	\$ 1,000,000	\$ 1,000,000
Medical Payments per Person	\$ 1,000	\$ 5,000

Discover Property & Casualty Insurance Company

Name of Insurance Company

5 Batterson Park Rd., Farmington, CT 06032

Home Office Address of Company

I am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

6/22/10

Date



Authorized Insurance Company Representative's Signature

The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested.

Exhibit FWA

On The Go Transportation
Name

U.S.D.O.T No.

ICC No.

1. Is there currently any outstanding judgments against the Applicant?

☐ Yes

☒ No

If Yes, indicate nature of judgement(s) against applicant.

2. Is Applicant familiar with all statutes and regulations, including safety regulations and governing for-hire motor carrier operations in South South Carolina, and does Applicant agree to operate in compliance with these statutes and regulations?

☒ Yes

☐ No

3. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

☒ Yes

☐ No

Exhibit on Driver Qualifications

1. Applicant understands that drivers must possess at least a current American Red Cross Standard First Aid and CPR Certificate or its equivalent, and records that verify/record such training must be kept on file at the company's primary place of business within South Carolina.

☒ Yes

☐ No

2. Applicant understands that drivers must be in compliance with all OSHA regulations.

☒ Yes

☐ No

3. Applicant understands that drivers must be trained in the use of all vehicle installed safety equipment such as two-way radios, first-aid kits, fire extinguishers, and other equipment as outlined in PSC Regulations.

☒ Yes

☐ No

4. Applicant understands that drivers must be able to physically perform actions necessary to assist persons with disabilities, including wheelchair users.

☒ Yes

☐ No

5. Applicant understands that drivers must wear a professional uniform and photo identification badge that easily identifies the driver and the company for whom the driver works.

☒ Yes

☐ No

6. Applicant understands that drivers must complete twelve (12) hours of in-service training annually in the area of safety, and records that verify/record such training must be kept on file at the company's primary place of business within South Carolina.

☒ Yes

☐ No

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
POST OFFICE DRAWER 11649
COLUMBIA, SOUTH CAROLINA 29211

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Vol.26, S.C. Code Ann., 1976), and R.38-400 through 38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Vol.23A, S.C. Code Ann.,1976) and amendments thereto, and hereby promises compliance therewith.

STATE OF SOUTH CAROLINA

COUNTY OF Allendale

George K. J.
Applicant's Signature

I, Georgia Pinkston, Owner
Name of Applicant's Representative Title

of On The Go Transportation,
Applicant

the Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.

Georgia K. J.
Signature of Applicant's Representative

SWORN TO BEFORE ME
This 23rd day of June, 2010

Allison L. Hutto
Notary Public

Commission Expires 10-2-2017